

EXHIBIT A

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center
P O Box 6390 Newport Beach CA 92658-6390
(800) 347 7787

PHUDSON

APPLC

**PACIFIC LIFE****APPLICATION FOR LIFE INSURANCE, PART I**

SECTION A	CLIENT INFORMATION	
PROPOSED INSURED Complete for all Life Insurance Policies.	1 Name of Proposed Insured First MI Last Judith A Weiser	
	2 Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	
	3 Date of Birth -33	4 Age (Nearest birthday) 73
	5 Place of Birth (State/Country) OHIO	6 Soc. Sec. # [REDACTED]
	7 Driver's License # & State [REDACTED]	8 Telephone # (include area code) N/A
	9 E mail Address N/A	
	10 Address Street City State Zip Code [REDACTED]	
	11 How Long 10+	
	12 Employer Name & Address (Street, City State Zip Code) N/A	
	13 How Long	
	14 Occupation N/A	15 Type of Business
PROPOSED ADDITIONAL INSURED Complete for a Second-to-Die Life Insurance Policy or for a Term Rider on Another Covered Person for an Individual Life Insurance Policy N/A	16 Name of Additional Proposed Insured First MI Last	
	17 Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
	18 Date of Birth	19 Age (Nearest birthday)
	20 Place of Birth (State/Country)	21 Soc. Sec. #
	22 Driver's License # & State	23 Telephone # (include area code)
	24 E-mail Address	
	25 Address Street City State Zip Code	
	26 How Long	
	27 Employer Name & Address (Street, City State Zip Code)	
	28 How Long	
	29 Occupation	30 Type of Business
	31 Relationship to Insured	
OWNER Complete only if Owner is other than the Insured(s). If Trust, give name of trust, trustee and date of trust.	32 Name of Owner(s) Judith A Weiser 2005 Family TRUST dtd 12/12/05	
	33 Address Street City State Zip Code	34 Relationship to Insured(s)
	35 Date of Birth	36 Soc. Sec. # / Tax ID #
	37 Telephone # (include area code)	38 E mail Address
PRIMARY BENEFICIARY	39 Name of Beneficiary Judith A Weiser 2005 family TRUST	
	40 Relationship to Insured(s) Family TRUST	41 Soc. Sec. # / Tax ID # [REDACTED]
CONTINGENT BENEFICIARY	42 Name of Contingent Beneficiary N/A	
	43 Relationship to Insured(s) N/A	44 Soc. Sec. # / Tax ID #
BENEFICIARY FOR INDIVIDUAL TERM RIDER	45 Name of Beneficiary for Individual Term Rider N/A	
	46 Relationship to Insured	47 Soc. Sec. # / Tax ID #

SECTION A		CLIENT INFORMATION (Continued)					
PREMIUM NOTICES	48 Send Premium Notices to <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Other (If other, give name, relationship, and address below)						
	49A Name <u>same as #32</u>					B Relationship to Insured(s)	
	C Address Street		City		State Zip Code		
	50 Method & Frequency of Payment (Select One)						
	A Direct <input checked="" type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly		B <input type="checkbox"/> Electronic Funds Transfer (EFT) (Monthly only) Attach voided check and complete EFT Authorization on page 10		C List Bill (3 or more policies) <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		D <input type="checkbox"/> Single Premium
AMOUNT PAID WITH THIS APPLICATION	51A Is an initial premium submitted with this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Do not submit money unless the Temporary Insurance Agreement (TIA) is completed)						
	B If yes, show amount of initial premium and complete the Amount \$ _____ next question						
	C Do you understand, accept, and agree to the terms of the TIA? <input type="checkbox"/> Yes <input type="checkbox"/> No						
SPECIAL POLICY DATING	52A <input checked="" type="checkbox"/> Date to Save Age <input type="checkbox"/> Specific Date If Specific Date is checked, give policy date Month <u>10/13/25</u> Day _____ Year _____						
	B I understand that insurance charges and expenses begin on the Policy Date <input type="checkbox"/> Yes <input type="checkbox"/> No						
LIFE INSURANCE IN FORCE	53 Give details of all life insurance in force on any Proposed Insured If none, check this box <input type="checkbox"/>						
	Insured's Name	Company	Policy Number	Face Amount	Year Issued	Will This Policy Be Replaced? YES NO	
	<u>Sherwood + Judith Westert</u>	<u>Transamerica</u>	<u>92404196</u>	<u>3,500,00</u>	<u>98</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
REPLACEMENT & 1035 EXCHANGE INFORMATION <u>N/A</u>						YES	NO
	54 Will the policy applied for replace, cause a change in, or involve a cash withdrawal or loan from any life insurance or annuity on any Proposed Insured's life or in any life insurance or annuity owned by the Applicant? If yes, give details in "Remarks"					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	55 Is this a 1035 exchange? If yes, list the policies to be exchanged in "Remarks"					<input type="checkbox"/>	<input checked="" type="checkbox"/>
	56 If a 1035 exchange, will a loan be carried over? If yes, list in "Remarks" the policies and the loan amount(s) to be carried over					<input type="checkbox"/>	<input checked="" type="checkbox"/>
REMARKS - IDENTIFY QUESTION AND GIVE DETAILS							

SECTION B		GENERAL INFORMATION		Proposed Insured	Additional Insured
GENERAL INFORMATION Complete each question for the Proposed and Additional Insured	1	Annual earned income from occupation (After deduction of business expenses)		\$ —	\$
	2	Other income (State source in "Remarks")		\$ 500 k-2mm Household	
	3	Net Worth		\$ 750mm	
	4	Do you contemplate leaving the USA for travel or residence? (If yes explain in "Remarks")		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
	5A	Do you plan to fly or within the last 2 years have you flown, as a pilot, student pilot, or crewmember?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	B	Do you plan to participate in, or within the last 2 years have you participated in parachute jumping scuba diving auto/motorboat/motorcycle racing, hang gliding, or mountain climbing? (If yes to A or B complete a separate General Questionnaire for each Proposed/Additional Insured)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	6	Have you ever had insurance declined rated, modified cancelled, or not renewed? (If yes, explain in Remarks)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	7	Have you been convicted of a felony within the past 5 years? (If yes, explain in Remarks)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	8	Have you had a driver's license restricted or revoked or been convicted of 3 or more moving violations within the past 5 years? (If yes, explain in Remarks)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	9	Have you applied for any other insurance within the last 3 months? (If yes, explain in Remarks)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
	10	Have you smoked a cigarette in the last 12 months? (If yes, give date last smoked)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Date _____
11	Have you used any other form of tobacco within the last 2 years? (If yes, give type and date last used)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Type _____ Date _____	<input type="checkbox"/> YES <input type="checkbox"/> NO Type _____ Date _____	
SECTION C		MEDICAL CERTIFICATION			
MEDICAL CERTIFICATION Complete when submitting a medical examination of another insurance company Subject to state regulation another insurance company's exam may be accepted if the primary/additional insured was examined within the past six months	1		The attached examination is on the life of <u>Pacific Provider</u>		
	Proposed Insured	Additional Insured	Name of Insurance Company		Date of Examination
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			
	2 To the best of your knowledge and belief, are the statements in the examination true as of today?				
Proposed Insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If no, explain in Remarks)		
Additional Insured		<input type="checkbox"/> Yes <input type="checkbox"/> No			
3 Has the person who was examined consulted a doctor or other medical practitioner, or received medical or surgical advice since the date of the examination?					
Proposed Insured		<input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes, explain in Remarks)		
Additional Insured		<input type="checkbox"/> Yes <input type="checkbox"/> No			
REMARKS - IDENTIFY QUESTION AND GIVE DETAILS					

N/A

SECTION D POLICY INFORMATION FOR VARIABLE LIFE INSURANCE													
PRODUCT/PREMIUM	1 Product Name _____ 2 Planned Annual Premium \$ _____												
DEATH BENEFIT	3 Face Amount (Base Only) + Initial Term (ART/APB/LAPB) Amount + ABR Amount = Total Initial Coverage \$ _____ \$ _____ \$ _____												
DEATH BENEFIT OPTION	4 Check one <input type="checkbox"/> Option A (Level) <input type="checkbox"/> Option B (Increasing) <input type="checkbox"/> Option C (Face amount plus premiums less distributions) <input type="checkbox"/> Option D (Face amount multiplied by a death benefit factor)												
OPTIONAL BENEFITS	<div style="display: flex;"> <div style="flex: 1;"> 5 Individual Life Insurance Products Only A <input type="checkbox"/> Term Rider on Other Covered Person \$ _____ B <input type="checkbox"/> Accidental Death \$ _____ C <input type="checkbox"/> Children's Term _____ (units) (Complete Application Part 2 Non-Medical) D <input type="checkbox"/> Disability Benefit \$ _____ E <input type="checkbox"/> Guaranteed Insurability \$ _____ F <input type="checkbox"/> Waiver of Charges (On Insured) G <input type="checkbox"/> Other _____ H <input type="checkbox"/> Other _____ </div> <div style="flex: 1;"> 6 Second-to-Die Life Insurance Products Only A <input type="checkbox"/> Individual Term Rider on the Proposed Insured \$ _____ B <input type="checkbox"/> Individual Term Rider on the Additional Insured \$ _____ C <input type="checkbox"/> Other _____ D <input type="checkbox"/> Other _____ E <input type="checkbox"/> Other _____ F <input type="checkbox"/> Other _____ </div> </div>												
	7 If any optional benefit applied for cannot be approved, should the policy be issued without it? <input type="checkbox"/> Yes <input type="checkbox"/> No												
REBALANCING (Optional) Not available for Fixed Accounts	8 I authorize Pacific Life Insurance Company (PL) to automatically rebalance the variable accounts to the allocation percentages shown in question 15 Start Date _____ <div style="display: flex; justify-content: space-around;"> Month _____ Day _____ Year _____ </div> Frequency <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually												
TELEPHONE & ELECTRONIC AUTHORIZATION (Optional)	9 I authorize PL to act upon my telephone and/or electronic instructions for the following limited requests Check all that apply <input type="checkbox"/> Transfer Between Variable Investment Options <input type="checkbox"/> Initiate Dollar Cost Averaging <input type="checkbox"/> Initiate Policy Loans <input type="checkbox"/> Rebalance Variable Investment Options <input type="checkbox"/> Change Future Premium Allocation Instructions 10 I understand and agree that Telephone and/or electronic transfers and allocation changes will be subject to the conditions of the policy, the administrative requirements of PL, and the provisions of the product's prospectus <input type="checkbox"/> Yes <input type="checkbox"/> No												
AUTHORIZATION FOR APPOINTMENT (Optional)	11 To act on my behalf for the following limited requests, including any telephone and/or electronic requests I have authorized, I appoint _____ Print Name _____ Soc Sec # or Producer Code _____ Check all that apply <input type="checkbox"/> Transfer Between Variable Investment Options <input type="checkbox"/> Initiate Dollar Cost Averaging <input type="checkbox"/> Initiate Policy Loans <input type="checkbox"/> Rebalance Variable Investment Options <input type="checkbox"/> Change Future Premium Allocation Instructions												
ACKNOWLEDGEMENT To be completed by the Applicant.	All questions must be answered <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>12 Do you understand that the amount and duration of the death benefit may vary, depending on the investment performance of the variable investment options?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>13 Do you understand that the policy values may increase or decrease, depending on the investment experience of the variable investment options?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>14 Did you receive the separate account and fund prospectuses (bound together) for the policy applied for? If yes, give date below</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> Date of Separate Account & Fund Prospectuses _____ POLICY VALUES MAY INCREASE OR DECREASE, AND MAY EVEN BE REDUCED TO ZERO AND CAUSE THE POLICY TO LAPSE WITHOUT VALUE, DEPENDING ON THE EXPERIENCE OF THE VARIABLE INVESTMENT OPTIONS. THE DEATH BENEFIT MAY BE VARIABLE OR FIXED UNDER SPECIFIED CONDITIONS. A CURRENT ILLUSTRATION OF BENEFITS, INCLUDING DEATH BENEFITS AND HYPOTHETICAL CASH SURRENDER VALUES, IS AVAILABLE UPON REQUEST.		YES	NO	12 Do you understand that the amount and duration of the death benefit may vary, depending on the investment performance of the variable investment options?	<input type="checkbox"/>	<input type="checkbox"/>	13 Do you understand that the policy values may increase or decrease, depending on the investment experience of the variable investment options?	<input type="checkbox"/>	<input type="checkbox"/>	14 Did you receive the separate account and fund prospectuses (bound together) for the policy applied for? If yes, give date below	<input type="checkbox"/>	<input type="checkbox"/>
	YES	NO											
12 Do you understand that the amount and duration of the death benefit may vary, depending on the investment performance of the variable investment options?	<input type="checkbox"/>	<input type="checkbox"/>											
13 Do you understand that the policy values may increase or decrease, depending on the investment experience of the variable investment options?	<input type="checkbox"/>	<input type="checkbox"/>											
14 Did you receive the separate account and fund prospectuses (bound together) for the policy applied for? If yes, give date below	<input type="checkbox"/>	<input type="checkbox"/>											
REMARKS – IDENTIFY QUESTION AND GIVE DETAILS													

N/A

SECTION D		POLICY INFORMATION FOR VARIABLE LIFE INSURANCE (Continued)			
PREMIUM ALLOCATIONS	15	Indicate how premiums are to be allocated, until later changed by you or your authorized representative. The total of the percentages must be 100%. Allocation percentages must be whole numbers.			
	Pacific Select Funds				
	AIM				
	Blue Chip	_____ %			
	Aggressive Growth	_____ %			
	Financial Services	_____ %			
	Capital Guardian				
	Diversified Research	_____ %			
	Equity	_____ %			
	Capital Research				
	American Funds Growth	_____ %			
	American Funds Growth-Income	_____ %			
	Columbia Management				
	Technology	_____ %			
	Goldman Sachs				
Short Duration Bond	_____ %				
Concentrated Growth	_____ %				
Janus					
Growth LT	_____ %				
Focused 30	_____ %				
Jennison Associates					
Health Sciences	_____ %				
Lazard					
Mid-Cap Value	_____ %				
International Value	_____ %				
MFS					
Capital Opportunities	_____ %				
International Large-Cap	_____ %				
Mercury					
Equity Index	_____ %				
Small-Cap Index	_____ %				
Neuberger Berman					
Fasciano Small Equity	_____ %				
Oppenheimer					
Multi-Strategy	_____ %				
Main Street® Core	_____ %				
Emerging Markets	_____ %				
PIMCO					
Inflation Managed	_____ %				
Managed Bond	_____ %				
NFJ					
Small-Cap Value	_____ %				
Pacific Life					
Money Market	_____ %				
High Yield Bond	_____ %				
Fixed Account*	_____ %				
Fixed LT Account*	_____ %				
Salomon					
Large-Cap Value	_____ %				
Van Kampen					
Comstock	_____ %				
Real Estate	_____ %				
Mid-Cap Growth	_____ %				
Vaughan Nelson					
VN Small-Cap Value	_____ %				
Variable Insurance Trust Funds					
Fidelity® Variable Insurance Products Funds					
Contrafund® Service Class 2	_____ %				
Growth Service Class 2	_____ %				
Mid Cap Service Class 2	_____ %				
Value Strategies Service Class 2	_____ %				
FAM Variable Series Funds, Inc.					
Basic Value V I Fund Class III	_____ %				
Global Allocation V I Fund Class III	_____ %				
T Rowe Price Equity Series, Inc.					
T Rowe Price Blue Chip Growth Portfolio – II	_____ %				
T Rowe Price Equity Income Portfolio – II	_____ %				
Van Eck Worldwide Insurance Trust					
Worldwide Hard Assets Fund	_____ %				
Other Funds					
Manager	Premium %	Investment Option	Manager	Premium %	Investment Option
*The Fixed LT Account has less transfer liquidity and may credit a higher current rate of interest than the Fixed Account. Both fixed account options credit a fixed minimum guaranteed interest rate. See the prospectus for details.					

SECTION E		POLICY INFORMATION FOR NON-VARIABLE FLEXIBLE PREMIUM LIFE INSURANCE	
PRODUCT/PREMIUM	1 Product Name <u>Versa Flex</u>		2 Planned Annual Premium \$ <u>11,022,723</u> yr <u>1</u> , 713/1764 <u>ysa</u>
DEATH BENEFIT	3 Face Amount (Base Only) + Initial Term (ART/APB/LSAPB) Amount + ABR Amount = Total Initial Coverage \$ <u>25mm</u> \$ <u>5mm</u> \$ <u>—</u> = \$ <u>20mm</u>		
DEATH BENEFIT OPTION	4 Check one <input type="checkbox"/> Option A (Level) <input type="checkbox"/> Option B (Increasing) <input type="checkbox"/> Option C (Face amount plus premiums less distributions)		
DIVIDEND OPTION	5 Check one <input type="checkbox"/> Cash <input type="checkbox"/> Increase Accumulated Value		
OPTIONAL BENEFITS	6 Individual Life Insurance Products Only A <input type="checkbox"/> Term Rider on Other Covered Person \$ _____ B <input type="checkbox"/> Accidental Death \$ _____ C <input type="checkbox"/> Children's Term _____ (units) (Complete Application Part 2, Non-Medical) D <input type="checkbox"/> Disability Benefit \$ _____ E <input type="checkbox"/> Guaranteed Insurability \$ _____ F <input type="checkbox"/> Waiver of Charges (On Insured) G <input type="checkbox"/> Owner Waiver of Charges (Complete Application Part 2, Non-Medical) H <input type="checkbox"/> Payor Waiver of Charges (Complete Application Part 2, Non-Medical) I <input type="checkbox"/> Supplemental Insured Term J <input type="checkbox"/> Other _____ K <input type="checkbox"/> Other _____		7 Second-to-Die Life Insurance Products Only A <input type="checkbox"/> Individual Term Rider on the Proposed Insured \$ _____ B <input type="checkbox"/> Individual Term Rider on the Additional Insured \$ _____ C <input type="checkbox"/> Other _____ D <input type="checkbox"/> Other _____ E <input type="checkbox"/> Other _____ F <input type="checkbox"/> Other _____ G <input type="checkbox"/> Other _____
	8 If any optional benefit applied for cannot be approved, should the policy be issued without it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION F		POLICY INFORMATION FOR TERM LIFE INSURANCE	
PRODUCT/FACE AMOUNT	1 Product Name <u>N/A</u>		2 Face Amount \$ _____
OPTIONAL BENEFITS	3A <input type="checkbox"/> Accidental Death \$ _____ B <input type="checkbox"/> Premium Waiver (On Insured)		C <input type="checkbox"/> Other _____ D <input type="checkbox"/> Other _____
	4 If any optional benefit applied for cannot be approved, should the policy be issued without it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION G		POLICY INFORMATION FOR FIXED PREMIUM LIFE INSURANCE	
PRODUCT/FACE AMOUNT/ PREMIUM	1 Product Name	2 Face Amount \$ _____	3 Premium \$ _____
OPTIONAL BENEFITS	4A <input type="checkbox"/> Accidental Death \$ _____ B <input type="checkbox"/> AVR/AVP \$ _____ C <input type="checkbox"/> Term Rider \$ _____ D <input type="checkbox"/> Guaranteed Insurability \$ _____ E <input type="checkbox"/> Premium Waiver F <input type="checkbox"/> Increasing Death Benefit		<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
	5 If any optional benefit applied for cannot be approved, should the policy be issued without it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DIVIDEND OPTION	6 Check one <input type="checkbox"/> Cash <input type="checkbox"/> Add to Policy Value		
EXTENDED INSURANCE OPTION	7 Automatic Premium Loan <input type="checkbox"/> Yes <input type="checkbox"/> No		
POLICY LOAN OPTION	8 Variable Loan Interest Rate <input type="checkbox"/> Yes <input type="checkbox"/> No		
REMARKS - IDENTIFY QUESTION AND GIVE DETAILS			

N/A

SECTION H		POLICY INFORMATION FOR AN ADDITIONAL OR ALTERNATE TERM LIFE INSURANCE POLICY	
(Select One)	Term Life Insurance Policy <input type="checkbox"/> Additional or <input type="checkbox"/> Alternate		
PRODUCT/FACE AMOUNT/ PREMIUM	1 Product Name	2 Face Amount	\$
OPTIONAL BENEFITS	3A	B	
	4 If any optional benefit applied for cannot be approved, should the policy be issued without it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SECTION I		POLICY INFORMATION FOR AN ADDITIONAL OR ALTERNATE FLEXIBLE PREMIUM LIFE INSURANCE POLICY	
(Select One)	VARIABLE FLEXIBLE PREMIUM LIFE INSURANCE POLICY <input type="checkbox"/> ADDITIONAL OR <input type="checkbox"/> ALTERNATE NON-VARIABLE FLEXIBLE PREMIUM LIFE INSURANCE POLICY <input type="checkbox"/> ADDITIONAL OR <input type="checkbox"/> ALTERNATE		
PRODUCT/PREMIUM	1 Product Name	2 Planned Annual Premium	\$
DEATH BENEFIT	3 Face Amount (Base Only) + Initial Term (ART/APB/SAPB) Amount + ABR Amount = Total Initial Coverage \$ \$ \$ \$		
DEATH BENEFIT OPTION	4 Check one <input type="checkbox"/> Option A (Level) <input type="checkbox"/> Option B (Increasing) <input type="checkbox"/> Option C (Face amount plus premiums less distributions) <input type="checkbox"/> Option D (Face amount times the death benefit factor)		
DIVIDEND OPTION	5 Check one <input type="checkbox"/> Cash <input type="checkbox"/> Increase Accumulated Value		
OPTIONAL BENEFITS	6A	B	
	C	D	
	7 If any optional benefit applied for cannot be approved, should the policy be issued without it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
REMARKS - IDENTIFY QUESTION AND GIVE DETAILS			

N/A

SECTION I		POLICY INFORMATION FOR AN ADDITIONAL OR ALTERNATE FLEXIBLE PREMIUM LIFE INSURANCE POLICY			
PREMIUM ALLOCATIONS Complete if applying for Flexible Premium Variable Life Insurance Policy	8	Indicate how premiums are to be allocated, until later changed by you or your authorized representative. The total of the percentages must be 100%. Allocation percentages must be whole numbers.			
	Pacific Select Funds				
	AIM				
	Blue Chip	_____ %			
	Aggressive Growth	_____ %			
	Financial Services	_____ %			
	Capital Guardian				
	Diversified Research	_____ %			
	Equity	_____ %			
	Capital Research				
	American Funds Growth	_____ %			
	American Funds Growth-Income	_____ %			
	Columbia Management				
	Technology	_____ %			
	Goldman Sachs				
	Short Duration Bond	_____ %			
	Concentrated Growth	_____ %			
	Janus				
	Growth LT	_____ %			
	Focused 30	_____ %			
Jennison Associates					
Health Sciences	_____ %				
Lazard					
Mid-Cap Value	_____ %				
International Value	_____ %				
MFS					
Capital Opportunities	_____ %				
International Large-Cap	_____ %				
Mercury					
Equity Index	_____ %				
Small-Cap Index	_____ %				
Neuberger Berman					
Fasciano Small Equity	_____ %				
Oppenheimer					
Multi-Strategy	_____ %				
Main Street® Core	_____ %				
Emerging Markets	_____ %				
PIMCO					
Inflation Managed	_____ %				
Managed Bond	_____ %				
NFJ					
Small-Cap Value	_____ %				
Pacific Life					
Money Market	_____ %				
High Yield Bond	_____ %				
Fixed Account*	_____ %				
Fixed LT Account*	_____ %				
Salomon					
Large-Cap Value	_____ %				
Van Kampen					
Comstock	_____ %				
Real Estate	_____ %				
Mid-Cap Growth	_____ %				
Vaughan Nelson					
VN Small-Cap Value	_____ %				
Variable Insurance Trust Funds					
Fidelity® Variable Insurance Products Funds					
Contrafund® Service Class 2	_____ %				
Growth Service Class 2	_____ %				
Mid Cap Service Class 2	_____ %				
Value Strategies Service Class 2	_____ %				
FAM Variable Series Funds, Inc.					
Basic Value V I Fund Class III	_____ %				
Global Allocation V I Fund Class III	_____ %				
T Rowe Price Equity Series, Inc.					
T Rowe Price Blue Chip Growth Portfolio - II	_____ %				
T Rowe Price Equity Income Portfolio - II	_____ %				
Van Eck Worldwide Insurance Trust					
Worldwide Hard Assets Fund	_____ %				
Other Funds					
Manager	Premium %	Investment Option	Manager	Premium %	Investment Option
*The Fixed LT Account has less transfer liquidity and may credit a higher current rate of interest than the Fixed Account. Both fixed account options credit a fixed minimum guaranteed interest rate. See the prospectus for details.					
NOTE IF APPLYING FOR AN ADDITIONAL OR ALTERNATE VARIABLE FLEXIBLE PREMIUM LIFE INSURANCE POLICY THE ACKNOWLEDGEMENT ON PAGE 4, SECTION D, ALSO APPLIES TO THIS POLICY.					

SECTION J CERTIFICATION OF OWNER'S TAXPAYER ID AND APPLICANT'S DECLARATIONS	
CERTIFICATION OF OWNER'S TAXPAYER IDENTIFICATION #	<p>Under penalty of perjury, I certify that</p> <ol style="list-style-type: none"> 1 The number shown in this application as my social security number or taxpayer identification number is correct, and 2 I am not subject to backup withholding under Section 3406(a)(1)(c) of the Internal Revenue Code 3 I am a U S person (including a U S resident alien) <p>(If statement 2 or 3 is false, strike out and initial)</p> <p>This certification is required by the Internal Revenue Service before any taxable distribution can be made</p>
DECLARATIONS	<p>The answers provided in this application are true and complete to the best of my knowledge and belief I understand and agree that</p> <ol style="list-style-type: none"> 1 Except as provided in the terms or conditions of any Temporary Insurance Agreement (TIA) that I may have received in connection with this application, coverage will take effect when the policy is delivered and the entire first premium is paid only if at that time the Proposed Insured(s) is alive, and all answers in this application that are material to the risk are still true and complete 2 If I have given money with the application and received a TIA and if the coverage amount of the application exceeds the TIA coverage limits, I understand that if the Proposed Insured(s) die(s) before a policy is delivered, the death benefit will be limited to the TIA coverage limit 3 I must inform the Producer or Pacific Life Insurance Company (PL) in writing of any changes in the health of any Proposed Insured(s) or if any of the statements or answers on this application change prior to delivery of the policy 4 My statements and answers in this application must continue to be true as of the date I receive the policy 5 No Producer is authorized to make or modify contracts or insurance policies on PL's behalf 6 No Producer may alter the terms of this application the TIA or the policy, nor can the Producer waive any of PL's rights or requirements 7 I believe that the policy(ies) applied for will meet my insurance needs and financial objectives 8 (NOT APPLICABLE IN WEST VIRGINIA) Acceptance of a life insurance policy will be ratification of any administrative change with respect to such policy made by PL as indicated under the title "Home Office Endorsements," where permitted by state law All other changes made to the application or policy by PL will be indicated on an "Application Amendment Form" that must be signed by the Owner, prior to or at the time of delivery of this policy

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, files a statement of claim or provides false, incomplete, or misleading information as part of the information provided to obtain coverage commits a fraudulent act, which is a crime and may be subject to criminal and civil penalties

Signed and Dated by the Applicant in

Wilmington
City

DE
State

12/12/05
Month/Day/Year

SIGNATURE OF APPLICANT

X Michele C Harra Michele C Harra
Applicant* Wilmington Trust Company, Trustee Financial Services Officer

SIGNATURE OF PROPOSED INSURED(S) - IF OTHER THAN THE APPLICANT (OR PARENT IF PROPOSED INSURED IS UNDER AGE 16)

X Adriette Neuser
Proposed Insured

X _____
Proposed Additional Insured (if applicable)

SIGNATURE OF OWNER - IF OTHER THAN THE APPLICANT OR THE PROPOSED INSURED

X Michele C Harra Michele C Harra
Owner* Wilmington Trust Company, Trustee Financial Services Officer

*If a Corporation, the signature and title of any authorized officer other than the Proposed Insured(s) is required and the full name of the corporation must be shown. If a Trust, the signature of the Trustee

PRODUCER'S CERTIFICATION

I certify that I have truly and accurately recorded hereon the information supplied

X Lindsay Spalding Jagolinzer Lindsay Spalding Jagolinzer
Signature of Soliciting Producer Print Soliciting Producer's Name

SCANNED
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AUTH

PACIFIC LIFE INSURANCE COMPANY

Life Insurance Operations Center
P O Box 6390 Newport Beach CA 92658-6390
(800) 347 7787

**PACIFIC LIFE****SECTION K AUTHORIZATION OF THE PROPOSED INSURED(S) TO OBTAIN INFORMATION**

Complete for all applications

I authorize any physician, health care professional, medical practitioner, other health care provider, hospital, clinic, laboratory, pharmacy, medical facility, other medical or medically related facility, insurance company, health plan, the Medical Information Bureau, Inc., consumer reporting agency, state motor vehicle agency, or employer to release to Pacific Life Insurance Company ("PL") its subsidiaries, reinsurers, agents, employees and representatives, any information they may have in their possession or under their control as to the diagnosis, treatment, prognosis of any physical or mental condition, human immunodeficiency virus (HIV) infection, sexually transmitted diseases, treatment of mental illness, and the use of tobacco, and any non-medical information, including finances, avocations, occupation, foreign travel, and driving record for me and any minor children who are to be insured. Although Federal Regulation protects information related to drug or alcohol abuse from disclosure, I give permission to collect this information for those purposes described in the Disclosure Notice.

This authorization is not affected or limited by any prior agreements I may have made with any of the above persons or entities to restrict the release of such information, and I instruct them to release and disclose all such information without restriction.

I understand that the reason for releasing such information under this authorization is to determine eligibility for insurance and that such information will not be released to any person or organization except reinsurer, the Medical Information Bureau, Inc., and other persons or organizations performing business or legal services in connection with my application, or as may be otherwise required by law, or as I may further authorize. I understand that I may revoke this authorization at any time by sending a written revocation request to PL at P O Box 6390, Newport Beach, CA 92658-6390. Such a revocation will not affect any action taken or information released prior to the revocation, and will not affect any legal right PL has to contest an insurance policy/certificate, or to contest a claim under an insurance policy/certificate. I understand that if I revoke this authorization, PL may not be able to process my application, and may not be able to make any benefit payments due under any existing policy, certificate, or other binding agreement. I also acknowledge receipt of the Disclosure Notice.

This authorization shall remain in force for 30 months after the date of my signature below, and a copy of this authorization is as valid as the original. I understand that once any such health-related information is released pursuant to this authorization, that information may be redisclosed and will no longer be covered or protected by the HIPAA rules governing privacy and confidentiality of health information.

I acknowledge that I have received a copy of this authorization.

Signed and Dated by the Proposed Insured(s)

Miami, FL FL 12/12/05
City State Month/Day/Year

Judith A Weiser
Proposed Insured's Name First MI Last (print)

X Judith A Weiser
Signature of Proposed Insured (or parent/guardian if under age 16)

Proposed Additional Insured's Name First MI Last (if applicable print)

X
Signature of Proposed Additional Insured (or parent/guardian if under age 16)

SECTION M		PRODUCER INFORMATION	
PRODUCER REPORT Complete for all applications	To be answered by the soliciting Producer		YES NO
	1 Have you personally asked all applicable questions in this application? (If no, explain in "Remarks")		<input checked="" type="checkbox"/> <input type="checkbox"/>
	2 Are you aware of any information not given in the application that might affect the insurability of the Proposed Insured(s)? (If yes, explain in "Remarks")		<input type="checkbox"/> <input checked="" type="checkbox"/>
	3 Did the Proposed Insured/Additional Insured change his/her name during the past 5 years? (If yes, give former name(s) in "Remarks")		<input type="checkbox"/> <input checked="" type="checkbox"/>
	4 To the best of your knowledge, is this life insurance intended to replace, or will it cause a change in, or involve a loan from any life insurance or annuity on any Proposed Insured's life or in any life insurance or annuity owned by the Applicant? (If yes, give details in "Remarks")		<input type="checkbox"/> <input checked="" type="checkbox"/>
	5 Is application submitted on a <input checked="" type="checkbox"/> Medical Basis? <input type="checkbox"/> Guaranteed Issue Basis? <input type="checkbox"/> Non-Medical Basis? <input type="checkbox"/> Guaranteed to Issue Basis?		6 What type of case is this application? <input type="checkbox"/> Multilife <input type="checkbox"/> Multilife Add On <input checked="" type="checkbox"/> Individual Life <input type="checkbox"/> Small Group (More than 1 and less than 10 lives with a common applicant and/or owner)
	7 Check appropriate items that have been ordered <input type="checkbox"/> Medical Exam <input type="checkbox"/> Paramedical Exam <input type="checkbox"/> EKG <input checked="" type="checkbox"/> Blood Profile <input type="checkbox"/> H O Specimen <input checked="" type="checkbox"/> Inspection Report <input type="checkbox"/> APS		
	8 If this policy is used to fund a tax-qualified plan, indicate type <input type="checkbox"/> Pension/Profit Sharing <input type="checkbox"/> HR 10 <input type="checkbox"/> Other (Explain in "Remarks")		N/A
BUSINESS INSURANCE Complete if applying for business insurance N/A	1 This life insurance policy is being purchased in conjunction with a A <input type="checkbox"/> Buy/Sell D <input type="checkbox"/> Split Dollar B <input type="checkbox"/> Employee Fringe Benefit E <input type="checkbox"/> Key Employee C <input type="checkbox"/> Deferred Compensation F <input type="checkbox"/> Other (Explain in "Remarks")		
	G Name of Principal Officers, Partners, or Key Employees	Position	% of Business Owned Amount of Insurance Owned by Business
H What is the current value of the business?		\$	
I What was the annual net profit (before taxes) of business?		Last Year \$	2 Years Ago \$
J Are other officers, partners, or key employees proportionately insured? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in "Remarks")			
JUVENILE INSURANCE Complete if the Proposed Insured is under age 16 N/A	1 Did you personally observe the Proposed Insured?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in "Remarks")
	2 Are the Proposed Insured's brothers and sisters insured for equal amounts?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain in "Remarks")
	3A. Name of Person on whom Proposed Insured depends for support		B Relationship to Insured
	C Estimated annual income \$	D Estimated net worth \$	E Estimated amount of life insurance \$
	4A. Name of Applicant		B Relationship to Insured
	C Purpose of Insurance		D Amount of life insurance in force \$

SECTION N	PRODUCER CERTIFICATION		YES	NO
Complete for all applications.	I certify that to the best of my knowledge and belief			
	A. I have presented to the Company all pertinent facts and have correctly and completely recorded all required answers		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	B. I have given the Proposed Insured(s) (or Parent for Juvenile insurance) a copy of the Disclosure Notice, and any other disclosure notice or statement required by state or federal law		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	C. I have fully explained the terms and conditions of the Temporary Insurance Agreement to the Proposed Insured(s) (or Owner) and have given it to him/her (them)		<input type="checkbox"/>	<input type="checkbox"/>
	D. I have complied with state and federal laws on cost comparison, illustration, and replacement		<input checked="" type="checkbox"/>	<input type="checkbox"/>

I certify that I have reviewed this application, and have determined that its proposed purchase is at least as suitable as required under state law. If the policy applied for is a variable life insurance policy, I further certify that I have conducted the appropriate suitability review with my broker-dealer. I certify that I am appropriately state licensed and appointed in all jurisdictions in which sales activity (including solicitation, obtaining application signatures, and policy delivery) related to this application has taken, or will take place.

Signature(s) Of Soliciting Producer(s) Pay Commission as Indicated Below

x Lindsay Spalding

x _____

***Select Commission Payout Schedule A, B or C** A & C are not available on all products. If no choice is indicated, commission schedule B will be applied (except for Pacific Select Performer 500 for which commission schedule A will apply) to all broker dealers unless your broker dealer has pre-selected a payout option. Please verify with your broker dealer.

First Name Listed Below Will Be The Servicing Producer

PRODUCER'S INFORMATION If more than 3 producers, use "Remarks" section below	PRODUCER 1 - (Servicing Producer)			
	Name First		MI	Last
	Lindsay		Spalding	Jagolinzer
	E-Mail Address		lspalding@sfgnet.com	
	RLO or PL Servicing Office #	Producer Code	Comm %	Comm Payout Choice*
			50	
	PRODUCER 2			
	Name First		MI	Last
	COG Financial		Debra	Thag
	E-Mail Address		dhsag@gentypartners.com	
	RLO or PL Servicing Office #	Producer Code	Comm %	Comm Payout Choice*
			501	
	PRODUCER 3			
	Name First		MI	Last
	E-Mail Address			
	RLO or PL Servicing Office #	Producer Code	Comm %	Comm Payout Choice*

Broker Dealer Name _____

REMARKS - IDENTIFY QUESTION AND GIVE DETAILS